

STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice), or TTY 1-800-563-2441.



Important Information for Disability Insurance (DI) Claimants

Your First DI Benefit Payment. We issue DI benefit payments to most claimants within 14 days after we receive their properly completed claim form and their physician/practitioner's certificate.

Additional DI Benefits. If you are eligible for further benefits, we will send you either another payment or a form, which you must sign and return for the next benefit period. You will be paid 1/7 of your weekly benefit amount for each calendar day you are eligible and disabled unless benefits are reduced.

When Benefits Are Reduced or Denied. We consider all available information before paying, reducing, or denying your benefits. If we determine that you are not eligible for full benefits at any time during the course of your DI claim, we will send you a "Notice of Determination" explaining the reason we denied or reduced your benefits.

Why Benefits Might Be Reduced. Benefits may be reduced if you received any of the following types of income:

- Sick leave pay
- Military pay
- Residuals
- Holiday pay
- Self-employment income
- Commissions
- Bonuses
- Insurance settlements
- Workers' Compensation benefits
- Wages, including modified duty or part-time wages

Your benefits may also be reduced if in the past you were overpaid Unemployment Insurance or DI benefits. In addition, your benefits may be reduced if you are delinquent in paying court-ordered child or spousal support.

When Benefits Stop. We will send you a "Notice of Final Payment" when:

- We have paid you benefits up to your physician/ practitioner estimate of the date of your recovery. (If you are still disabled, ask your physician/practitioner to complete and mail the "Physician/Practitioner's Supplementary Certificate" attached to the "Notice of Final Payment.")
- You have recovered or returned to work.
- We have paid you the maximum benefit amount for which you are eligible.

SDI Online

You may file claims for DL access personal claim information, and view payment history through SDI

Visit www.edd.ca.gov/disability for more information.

Automated Telephone Information System. Before you dial our toll-free number, please take time to review these instructions. You will be better prepared to make the selection you need when calling DI. Automated benefit payment information is available by telephone 24 hours a day, 7 days a week.

A. When you call the DI automated system at 1-800-480-3287, you will hear a welcome message in English and Spanish. You will be asked to select a language:

Press 1 for English.

Press 2 for Spanish.

- Special instructions or announcements may be played prior to the main menu. A brief description of menu items will be provided. If you know the selection you want, press the number to skip the main menu recording. At any time you may:
 - Press 9 to return to the main menu.

Press * (the star key) to return to the previous menu.

- You may select an option to hear information about your claim, or general information about DI. The main menu options are:
 - Press 1 for information about your benefit payment.
 - Press 2 to request forms or a copy of your payment history.
 - for general information about a continued claim form or medical extension, waiting period, "Notice of Final Payment," or a "Notice of Determination."
 - Press 4 for general information about how to qualify, or about benefits, or pregnancy Disability coverage.
 - Press 5 for information about elective coverage for the self-employed or the DI contribution rate.
 - for the State Disability Insurance Online Help Desk regarding registration, password/ security questions, and online claim filing.

Personal Identification Number (PIN). To protect your privacy, you must establish a PIN when obtaining DI benefit information over the phone. By establishing your PIN, you can receive automated benefit payment information 24 hours a day, 7 days a week.

To establish, change, or for a new PIN follow the steps below. Do not use the "Press 1 to select benefit payment information, and follow the step by step instructions:"

- Press 1 to select benefit payment information.
- **Enter your Social Security number.**
- Enter your date of birth (MMDDYY).
- **Enter your 5-digit mailing ZIP Code.**
- Enter your weekly benefit amount followed by the pound sign (#), or
- If you do not know your weekly benefit amount, enter your 7-digit home phone number (No area code).
- Enter a 4-digit number that you want to use as your PIN. Choose a number that will be easy to remember.

Your PIN is completely confidential. **Do not provide** your PIN to anyone, including DI representatives.

Contact DI. If you do not understand any notice or form that we send, or would like more information regarding DI benefits, please contact DI by:

Telephone at **1-800-480-3287**:

Press 1 for English. **Press 2 for Spanish**

You will reach an automated telephone information system, which is explained in the next section of this brochure.

- TTY at 1-800-563-2441. Teletypewriter for deaf, hearing-impaired, and speech-impaired persons only.
- **U.S. mail** addressed to the office handling your claim (see back panel for a list of office locations).
- **In person** by visiting any of the DI offices (see back panel for a list of office locations).
- Website. www.edd.ca.gov/disability

Disability Insurance Office Locations

Chico
Chino Hills 15315 Fairfield Ranch Road, Suite 100 (write to: PO Box 60006, City of Industry, CA 91716-0006)
Fresno2550 Mariposa Mall, Room 1080A (write to: PO Box 32, Fresno, CA 93707-0032)
Long Beach
Los Angeles
Oakland
Riverside CSC1190 Palmyrita Avenue, Suite 100 Riverside, CA 92507-1708 (Do not mail claims to this address)
Sacramento CSC
San Bernardino
San Diego 9246 Lightwave Avenue, Bldg. A, Suite 300 (write to: PO Box 120831, San Diego, CA 92112-0831)
San Francisco745 Franklin Street, Room 300 (write to: PO Box 193534, San Francisco, CA 94119-3534)
San Jose297 West Hedding Street (write to: PO Box 637, San Jose, CA 95106-0637)
Santa Ana 605 West Santa Ana Boulevard, Bldg. 28 (write to: PO Box 1466, Santa Ana, CA 92702-1466)
Santa Barbara
Santa Rosa
Stockton
Van Nuys

Disability Insurance (DI) Automated Telephone Information Menu

To file a claim online, go to At any time, you may press: Dial www.edd.ca.gov/disability. 1-800-480-3287 to return to the previous menu. For Paid Family Leave call 1-877-238-4373. To report fraud, call 1-800-229-6297. to return to the main menu. **Press** For speech or hearing impaired, call 1 English 1-800-563-2441. 2 Spanish Press 3 Press 2 Press 5 Press 6 Press 1 Press 4 for general information for information about your for general information for the **SDI Online** for information about to request **Benefit Payment** Help-Desk regarding about a Continued Claim about How to Qualify, **Elective Coverage for** Forms or for a **Benefits, or Pregnancy** Form, Medical Extension, the Self-Employed registration, (secure area) copy of your Waiting Period, Notice of password/security or the Disability System prompts for your **Disability Coverage. Payment History.** Social Security number and Final Payment, or questions, and online Insurance **Notice of Determination.** claim filing. 4-digit PIN. **Contribution Rate.** Press 1 Press 1 for mailed copy of for information about **PIN Establishment/Reset** Press 1 Press 1 How to Qualify. your requires your: for information for information about **Payment History.** Press 2 concerning a Continued **Elective Coverage for** • Social Security number. Press 2 for the Self-Employed. **Claim or Medical** to order a **Benefit Information.** • Date of birth. **Extension.** Press 2 Claim Form. Press 3 • Mailing ZIP Code. Press 2 for the current for information about for information **DI Contribution Rate.** Weekly benefit amount **Pregnancy Disability** concerning the or telephone number. Coverage. Waiting Period. (See reverse for instructions.) Press 3 for information concerning **Notice of Final Payment.** Press 4 for information concerning **Notice of Determination**

and Appeal Rights.